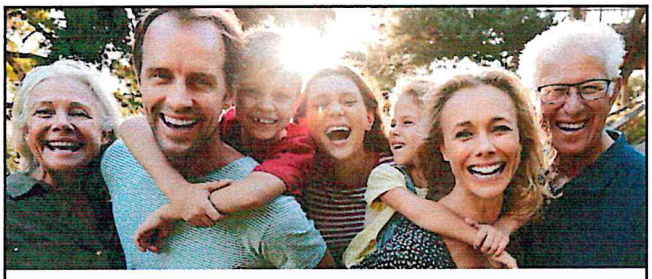

SB 2012
House Appropriations Committee
Representative Vigesaa, Chairman

NORTH Dakota | Health & Human Services
The Legendary

Behavioral Health Division | March 2, 2023

1

What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect WELLNESS.

- Preventing and treating depression and anxiety
- Preventing and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being

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2

Behavioral Health is Health!

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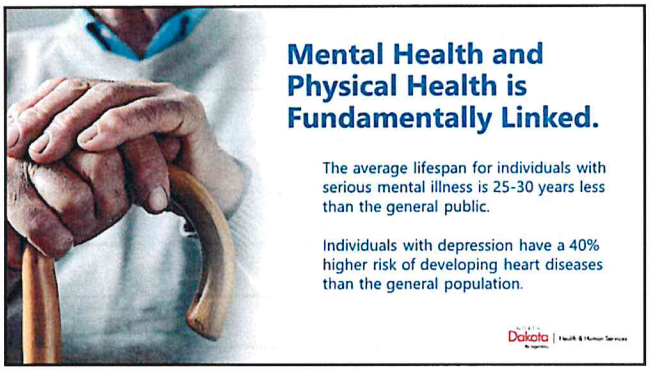
3


Mental Health and Physical Health is Fundamentally Linked.
The average lifespan for individuals with serious mental illness is 25-30 years less than the general public.
Individuals with depression have a 40% higher risk of developing heart diseases than the general population.
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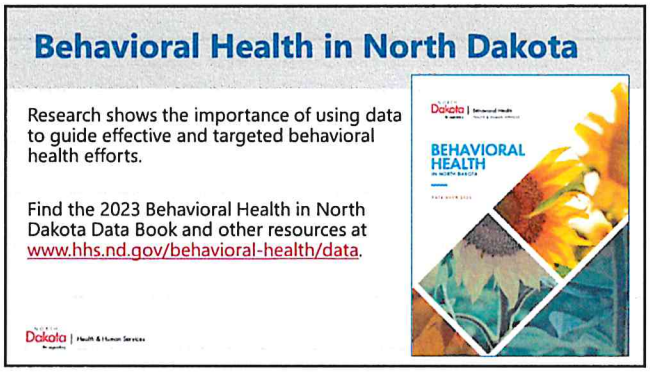
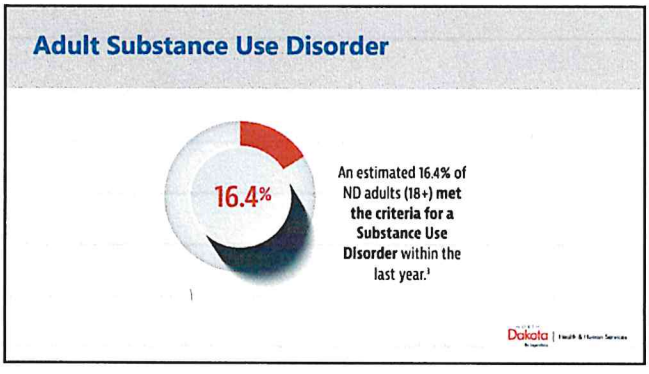
4


Behavioral Health in North Dakota
Research shows the importance of using data to guide effective and targeted behavioral health efforts.
Find the 2023 Behavioral Health in North Dakota Data Book and other resources at www.hhs.nd.gov/behavioral-health/data.
Dakota | Health & Human Services
BEHAVIORAL HEALTH

5


Adult Substance Use Disorder
16.4%
An estimated 16.4% of ND adults (18+) met the criteria for a Substance Use Disorder within the last year.[1]
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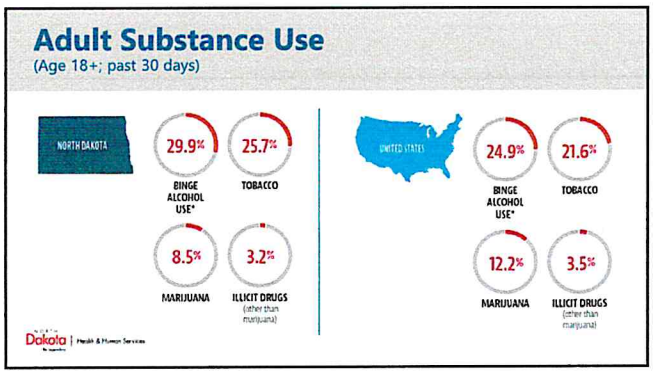
6


Adult Substance Use
(Age 18+; past 30 days)
NORTH DAKOTA
29.9%
BINGE ALCOHOL USE*
25.7%
TOBACCO
8.5%
MARIJUANA
3.2%
ILLICIT DRUGS (other than marijuana)
UNITED STATES
24.9%
BINGE ALCOHOL USE*
21.6%
TOBACCO
12.2%
MARIJUANA
3.5%
ILLICIT DRUGS (other than marijuana)
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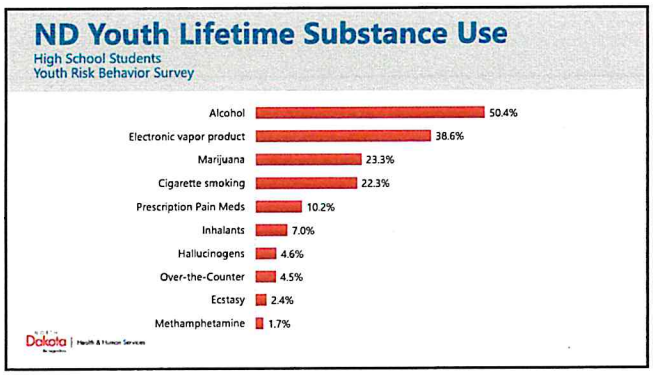
7


ND Youth Lifetime Substance Use
High School Students
Youth Risk Behavior Survey
Alcohol 50.4%
Electronic vapor product 38.6%
Marijuana 23.3%
Cigarette smoking 22.3%
Prescription Pain Meds 10.2%
Inhalants 7.0%
Hallucinogens 4.6%
Over-the-Counter 4.5%
Ecstasy 2.4%
Methamphetamine 1.7%
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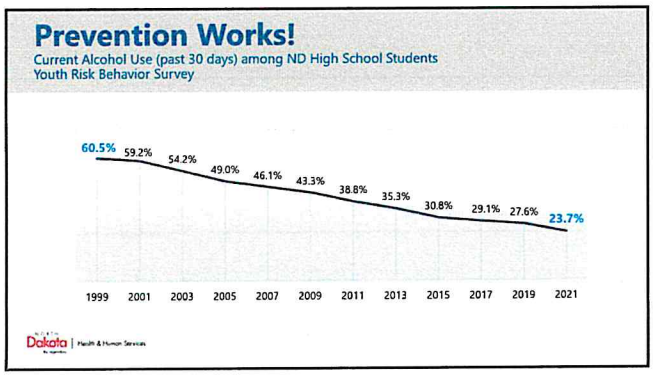
8


Prevention Works!
Current Alcohol Use (past 30 days) among ND High School Students
Youth Risk Behavior Survey
60.5%
59.2%
54.2%
49.0%
46.1%
43.3%
38.8%
35.3%
30.8%
29.1%
27.6%
23.7%
1999
2001
2003
2005
2007
2009
2011
2013
2015
2017
2019
2021
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9

Adult Mental Illness

20.79% had any **mental illness** in the past year.[1]

Approximately 118,000 ND adults (18+) had any mental illness in the past year.[1]

6.1% reported a **serious mental illness** in the past year.[1]

Approximately 34,000 ND adults (18+) have serious mental illness in the past year.[1]

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Youth Mental Health

ND Youth Risk Behavior Survey, 2021

YOUTH

35.1% of ND **middle school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row during the past year).[1]

36% of ND **high school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row during the past year).[1]

increase from 23.8% in 2011

Among those who report feeling sad, hopeless, angry or anxious, **21%** of ND **high school** students report they would most likely talk with their parent or other adult member about their feelings[1]

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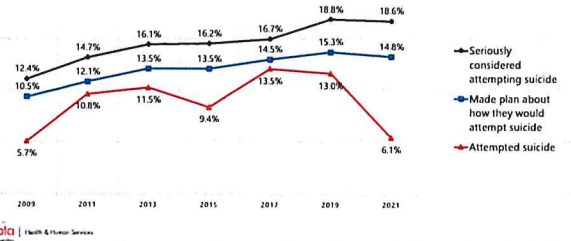
Youth Suicide

ND High School Students; past 12 months
Youth Risk Behavior Survey



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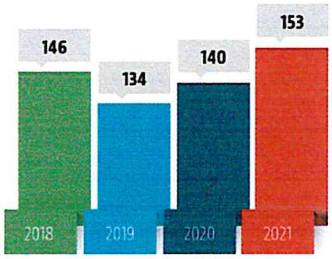
Number of North Dakotans who died by suicide



13

Mental Health

ND Youth Risk Behavior Survey, 2021

36.4% of ND **high school** students report living with someone who was depressed, mentally ill, or suicidal at some point in their life.[1]

14

Criminal Justice Involvement

Active **Substance Use Disorder** diagnosis when entering correctional facilities:

- 95% of women
- 91% of men

Active **Mental Health** diagnosis when entering correctional facilities:

- 52% of women
- 40% of men

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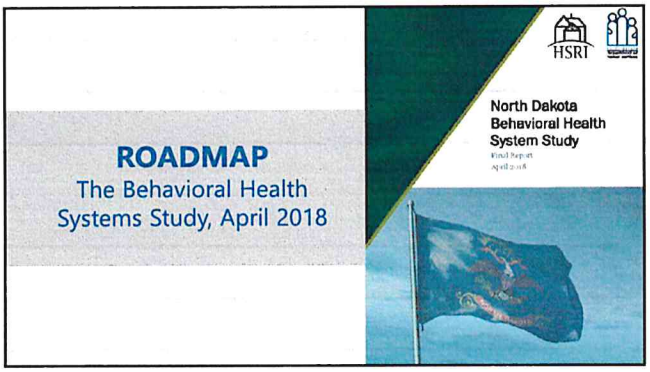
ROADMAP
The Behavioral Health Systems Study, April 2018
HSRI
North Dakota Behavioral Health System Study

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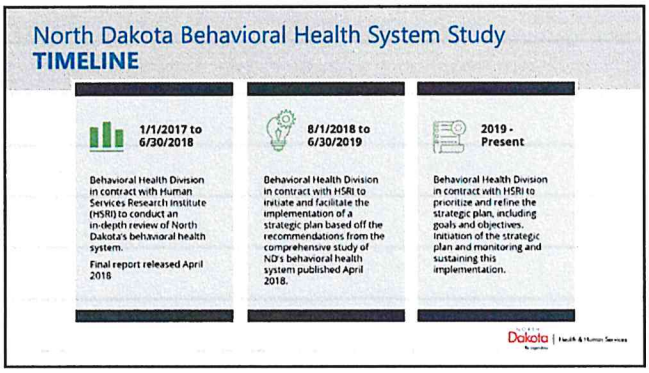
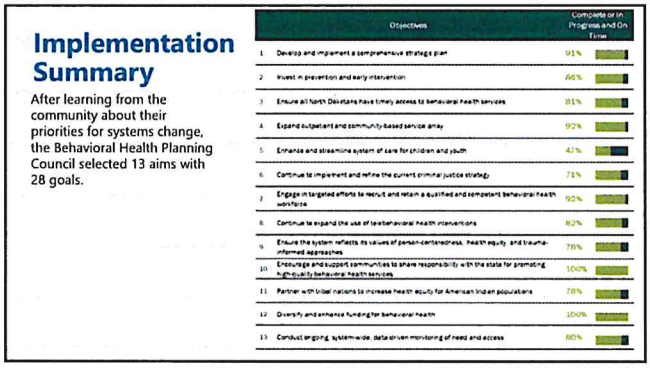

North Dakota Behavioral Health System Study
TIMELINE
1/1/2017 to 6/30/2018
Behavioral Health Division in contract with Human Services Research Institute (HSRI) to conduct an in-depth review of North Dakota's behavioral health system.
Final report released April 2018
8/1/2018 to 6/30/2019
Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.
2019 - Present
Behavioral Health Division in contract with HSRI to prioritize and refine the strategic plan, including goals and objectives. Initiation of the strategic plan and monitoring and sustaining this implementation.

17


Implementation Summary
After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with 28 goals.
Objectives
Complete or In Progress and On Time
1 Develop and implement a comprehensive strategic plan 91%
2 Invest in prevention and early intervention 86%
3 Ensure all North Dakotans have timely access to behavioral health services 81%
4 Expand outpatient and community-based service array 92%
5 Enhance and streamline system of care for children and youth 47%
6 Continue to implement and refine the current criminal justice strategy 71%
7 Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce 92%
8 Continue to expand the use of telebehavioral health interventions 82%
9 Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches 78%
10 Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services 100%
11 Partner with tribal nations to increase health equity for American Indian populations 78%
12 Diversify and enhance funding for behavioral health 100%
13 Conduct ongoing, system-wide, data-driven monitoring of need and access 80%

18

Behavioral Health Division

Who we are

North Dakota | Health & Human Services

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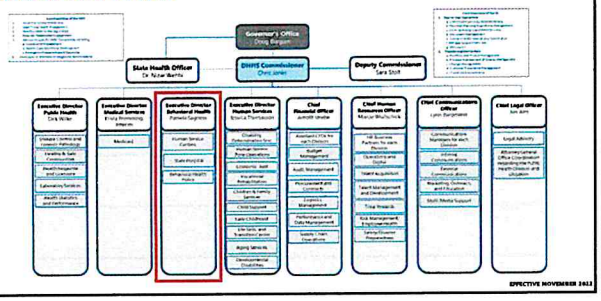
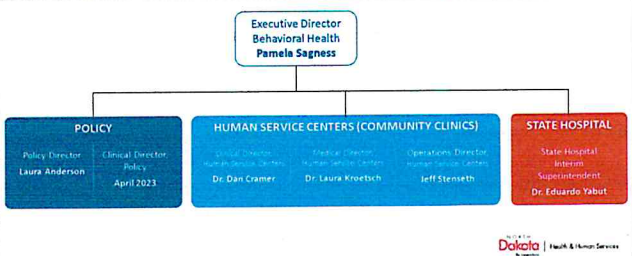
North Dakota Department of Health and Human Services



20

Behavioral Health Organizational Chart



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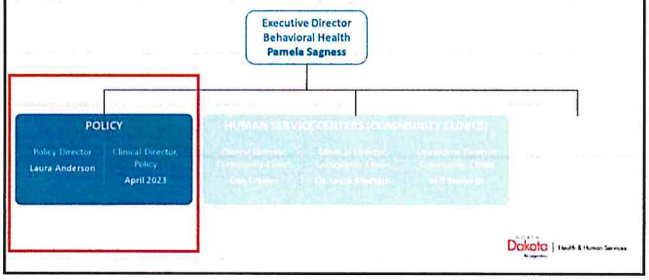
Behavioral Health Organizational Chart



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The Behavioral Health Division - Policy Team Responsibilities

NDCC 50-06-01.43 and NDCC 50-31

Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.

Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities

Providing **policy leadership** in partnership with public and private entities

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We want to see:

Individuals, families and communities with positive behavioral health.

Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

24

We achieve this by:

Supporting the Full Continuum of Care

Increasing Community-Based Services

Preventing Criminal Justice Involvement for Individuals with a Behavioral Health Condition

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Accomplishments

Mental Health Directory

SUD Voucher Grant

Recovery Housing Assistance Program

Permanent Supportive Housing

Virtual Behavioral Health Professional Development – Education System (Kognito)

988 Launch

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Behavioral Health and Education

- Behavioral Health School Grant
- Prevention and Early Intervention Pilot
- Behavioral Health Resource Coordinators (B-HERO)
- Virtual Behavioral Health Professional Development – Education System (Kognito)

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FREE THROUGH Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:
- improve healthcare outcomes
- reduce recidivism

4,973 participants since **February 2017**

1,311 active participants

38 providers

Overall, from March 2018 through October 2022, **68%** of the time participants achieved 3 of 4 outcomes.

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CommunityConnect

My Recovery, My Story

Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.

4,025 participants since **February 2021**

1,899 active participants

46 providers

Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.

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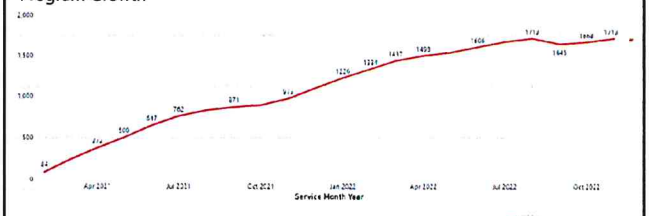
CommunityConnect

My Recovery, My Story

Program Growth



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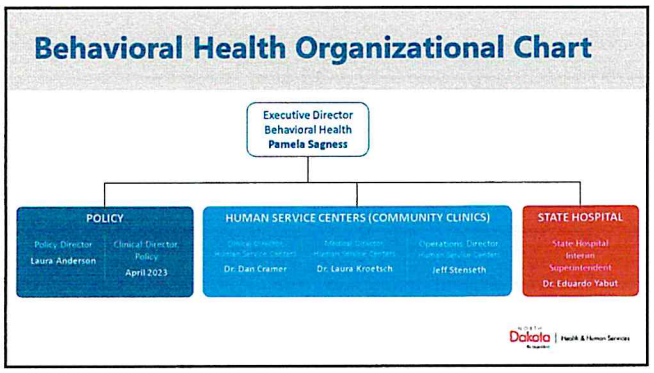
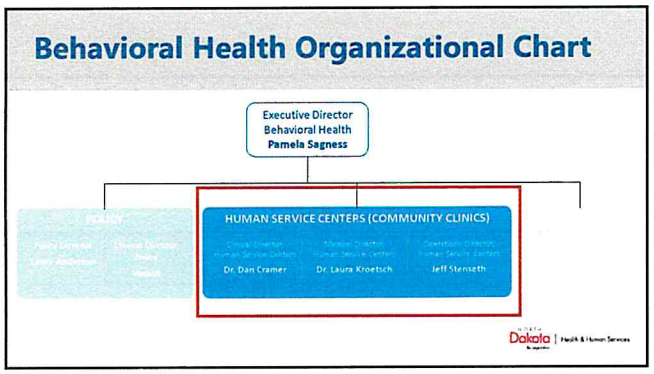
Behavioral Health Organizational Chart



31

Behavioral Health Organizational Chart



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Human Service Centers

- **HSC Clinic Leadership Restructure**
- HSC Location Overview
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision

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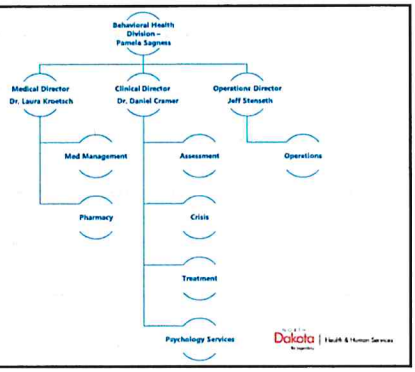
HUMAN SERVICE CENTERS



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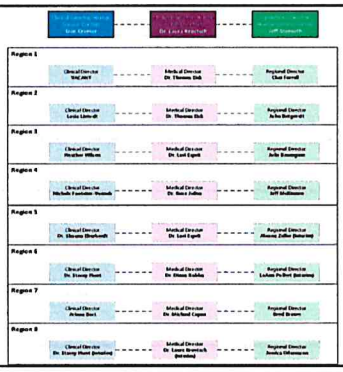
Human Service Center Leadership Structure



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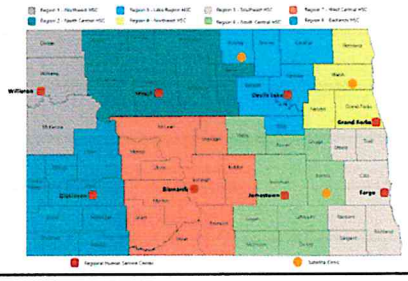
Human Service Center Locations



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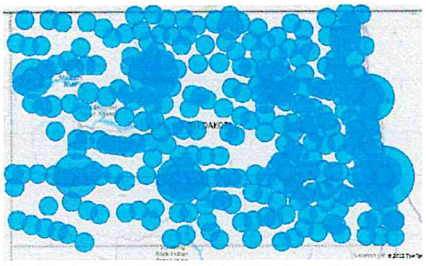
Behavioral health care penetration of services

July 2021 – December 2022



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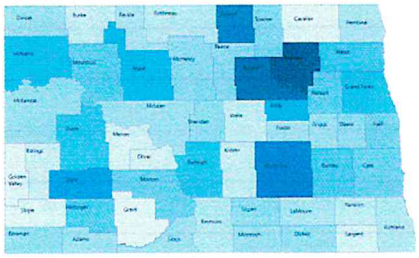
Rate of Clients Served by County

July 2021 – December 2022



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What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services	Treatment Services	Crisis Services	Specialized Services

• Walk-in Availability, 8am - 5pm
• 13,626 individuals triaged and screened
• 5,086 individuals met the need for full assessments
	• Serving those with greatest complexity
	• 250,041 services provided to 7,136 individuals
		• Call Center
		  • 22,318 Crisis Calls
		• Mobile Crisis
		  • 19,620 crisis services provided
		• Stabilization Units
		  • 2,237 admissions to crisis stabilization units
			• Psychiatric Services
			• Psychological Evaluations
			• 50,266 services provided to 5,793 individuals

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Human Service Centers

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Assessments - Walk-In

July 2021 - December 2022

- Available from 8am to 5pm Monday to Friday at all 8 Community Behavioral Health Clinic Locations.
- Purpose: To rapidly assess need and connect individuals to the right services. This may include entry into the local Clinic or referral to an outside agency.

13,626 individuals triaged and screened → **5,086** individuals met screening parameters/ completed full assessment

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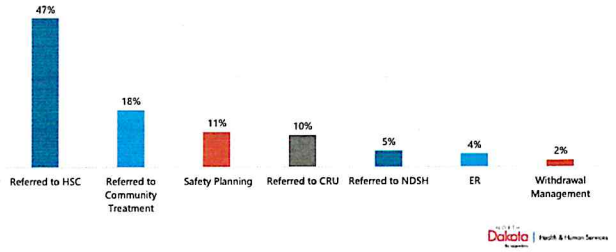
Assessments - Results After Walk-In Assessments

July 2021 - December 2022



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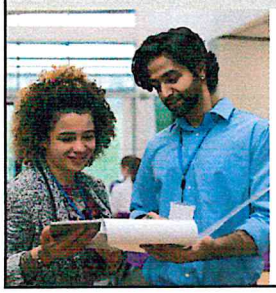
Assessments - Psychological

Statutorily Required: NDCC 75-05-03-07



- Sex Offender Risk Assessment (In support of Pre-Sentence Investigation)
- County Referred Parental Evaluations
- Developmental Disability Evaluations
- Multidisciplinary Case Conference

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Human Service Centers

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Treatment Services
Struggling to find community options

Significant functional impairment	High risk factors	Complex and severe diagnoses
• Those with significant functional impairment. • Inability to maintain safety in the community. • Difficulty maintaining a home environment. • Difficulty being managed by caregivers. • Struggle with adhering to medications and appointments.	• Requiring higher levels of care, such as crisis bed, partial hospital, inpatient, safe beds, detention centers, etc. • Utilization of crisis services, alternative treatment orders (ATOs), petitions, etc. • Significant risk of harm to self or others. • Unmanageable in the home or school. • Complex unavoidable psychotropic polypharmacy.	• Serious Mental Illness • Children with Severe Emotional Disturbance • Dual diagnosis – active symptoms and current usage. Prison reentry substance use severity prior to incarceration consideration. • IV drug use within 1 year. • Pregnant and using substances. • First episode psychosis.

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Treatment Services
78% of clients with Severe and Extreme Impairments

For these individuals at the beginning of care:
- 28% were homeless
- 3% were residing in correctional facility
- 12% lived with parents
- 4% were in residential/ transitional living

For these individuals in last 30 days:
- 5% arrested
- 12% no show
- 3.30 average hours of service
- 85% of crisis residential admissions

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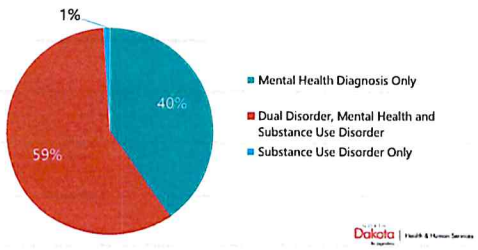
Treatment Services
Diagnosis of Individuals Served



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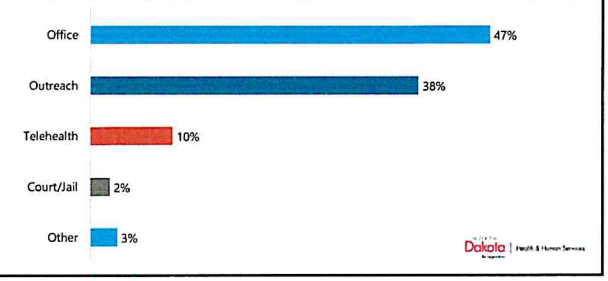
Treatment Services
Location of Services



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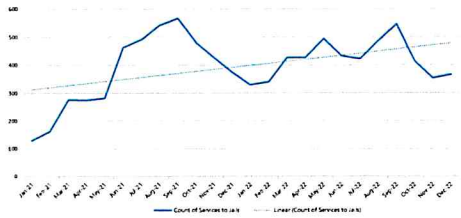
Treatment Services
Service to Jails



13% increase in services provided to jails from 2021 to 2022

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Human Service Center

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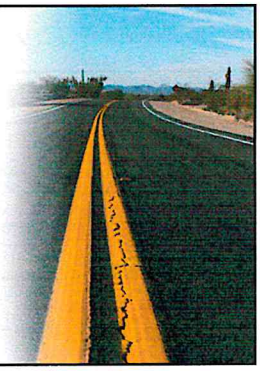

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Behavioral Health Crisis Care
Core Services & Best Practices

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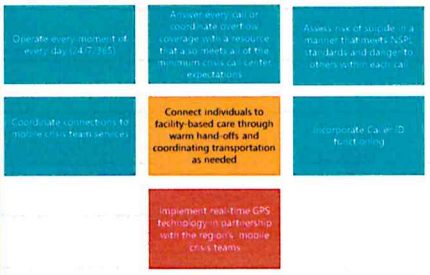
Statewide 988 (211) **Crisis Call Center**: Best Practice Anchors

Purpose: Real-time access to a live person every moment of every day for individuals in crisis.



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(SAMHSA Best Practice Tool Kit, 2020)

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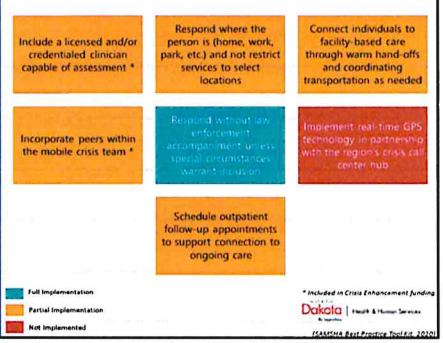
Mobile Crisis: Best Practice Anchors

Purpose: Offering community-based interventions to individuals in need where they are at.



** Included in Crisis Enhancement funding*

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(SAMHSA Best Practice Tool Kit, 2020)

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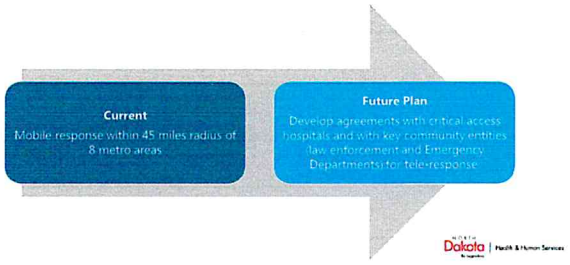
Behavioral Health Crisis Care
Rural Crisis Adaptation



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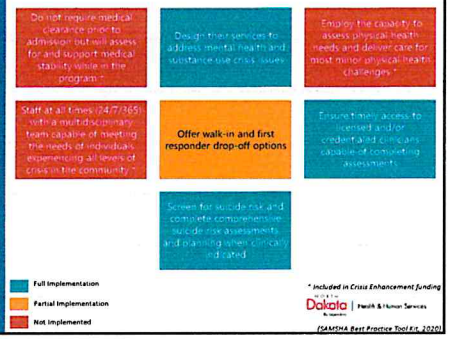
Crisis Stabilization Units: Best Practice Anchors

Purpose:
To manage risk at lowest level of care and avoid unneeded hospitalizations/ER visits.



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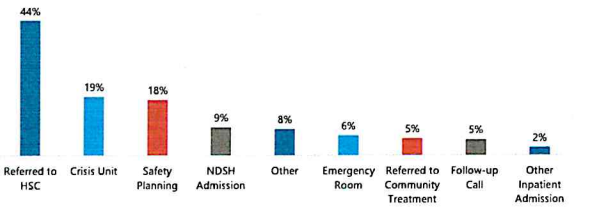
Behavioral Health Crisis Care
Results Following Crisis Assessment



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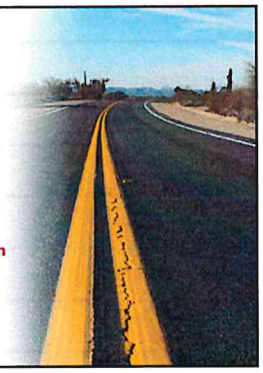
Human Service Centers

- HSC Clinic Leadership Restructure
- HSC Location Overview
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- **Essential Elements to Align with Future Vision**
- Budget Overview



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Pathway to Certified Community Behavioral Health Clinics (CCBHCs)

National Accreditation

Obtained 4-year accreditation on October 8th, 2020, through Council on Accreditation

Met Maintenance of Accreditation compliance checks for 2021 and 2022

Certified Community Behavioral Health Clinics

Spring of 2022 applied for SAMHA 4-year demonstration grant for 3 human service centers (not awarded)

December of 2022 applied for SAMHA implementation grant (waiting on notice of award)

Current SB 2012 would require 3 HSCs to become CCBHCs

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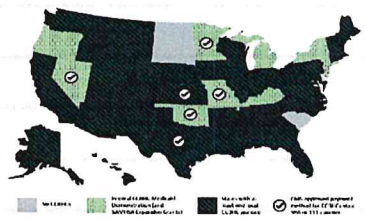
Certified Community Behavioral Health Clinics

CCBHCs Across the United States



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Certified Community Behavioral Health Clinics - Enhancements

1. Staffing	• Staffing plan driven by local needs assessment. • Licensing and training to support service delivery.
2. Availability and Accessibility of Services	• Standards for timely and meaningful access to services, outreach and engagement. • 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay.
3. Care Coordination	• Care coordination agreements across services and providers. • Defining accountable treatment team, health information technology and care transitions.
4. Scope of Services	• Nine required services, as well as person-centered, family-centered and recovery-oriented care.
5. Quality and Other Reporting	• 21 quality measures, a plan for quality improvement and tracking of other program requirements.
6. Organizational Authority, Governance and Accreditation	• Consumer representation in governance. • Appropriate state accreditation.

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Certified Community Behavioral Health Clinics - Enhancements

CCBHC Demonstration/PPS: Driving Value

CCBHC Demo
- **Certification** = standardized core requirements
- **PPS** = Medicaid reimbursement that supports costs associated with expanded access & enhanced operations

Enhanced Operations
- Expansion of service lines (e.g., crisis response, SUD treatment)
- Ability to hire and retain specialty providers (e.g., child psychiatrists, MAT prescribers)
- Same-day access to care
- High-impact, flexible staffing models targeted to patient need
- Technology adoption, electronic health info exchange
- Data tracking & analytics
- Collaboration/coordination with law enforcement, schools, others
- Population health management, data-driven care

Improved Outcomes
- 25% more clients served on average
- Elimination of waitlists
- Reduced hospitalization, ED visits
- Reduced incarceration, recidivism
- Improved physical health

TheNationalCouncil.org

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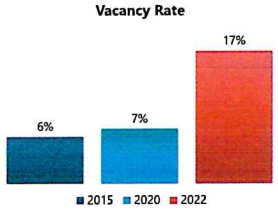
Continued progress requires **addressing team member retention**

Data shows a rising vacancy rate corresponding with timeline of serving a more complex and severe patient population.



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Vacancies impacting revenue

Licensed Addiction Counselor	Advanced Clinical Specialists	Human Relation Counselors
• 14 current vacancies open for a combined 2,445 days • Vacant for 175 days on average • 9 positions vacant greater than 3 months • Average revenue for position is $40,687 a month • **Estimated loss due to vacancies: $3,315,990**	• 15 current vacancies open for a combined 3,209 days • Vacant for 214 days on average • 14 positions vacant greater than 3 months • Average revenue for position is $39,153 a month • **Estimated loss due to vacancies: $4,188,066**	• 16 current vacancies open for a combined 3,873 days • Vacant for 242 days on average • 10 positions vacant greater than 3 months • Average revenue for position is $30,523 a month • **Estimated loss due to vacancies: $4,188,066**

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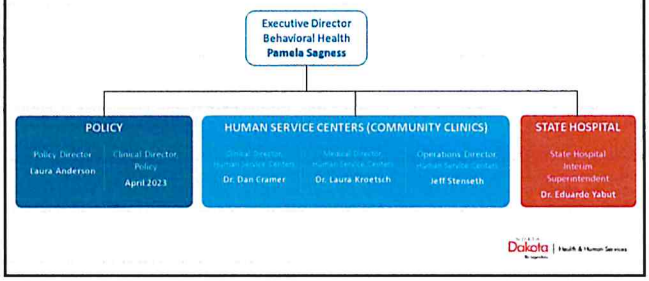
Behavioral Health Organizational Chart



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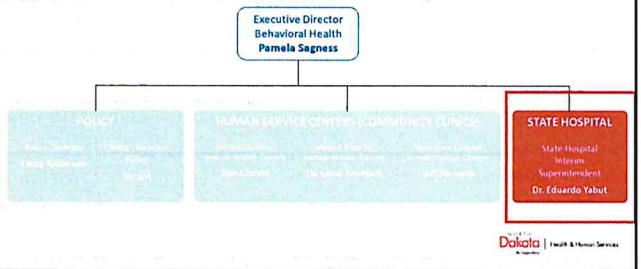
Behavioral Health Organizational Chart



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Programs and Services

Acute Psychiatric Services

Forensic Services

Psychiatric Rehabilitation Services

Geriatric Psychiatric Services

Sex Offender Residential Treatment

SUD Residential Treatment

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Acute Psychiatric & Forensic Services

- 2 units with a total of 27 beds.

- These units serve individuals needing short term acute psychiatric treatment, acute psychosis with agitation / aggression, forensic admissions.
- All diagnostic groups are treated including many clients with dual or multiple diagnoses causing significant disruption in their daily lives due to severity or longevity of their illness.

Forensic Services-individuals are admitted to either of the acute psychiatric service units. These individuals are admitted under order for evaluation of competency, criminal responsibility, or both, as well as restore to competency/fit to proceed, or not guilty by reason of insanity.

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Acute Psychiatric & Forensic Services
(2021-2022)

Admissions	Average Length of Stay	Occupancy
• **859** • *Forensics admissions accounted for 14% of hospital's admissions*	• **20 days**	• **86%**

	BL	LR	NC	NE	NW	SC	SE	WC
Admissions By Region	5%	7%	3%	6%	3%	42%	14%	4%
Admissions By ER	4%	6%	0%	4%	3%	72%	10%	1%

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Psychiatric Rehabilitation Services

- 2 units with a total of 30 beds

- Serves young individuals with chronic severe persistent mental illness. These individuals need intensive rehabilitative, vocational, and therapeutic services, including financial and housing.

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Psychiatric Rehabilitation Services
(2021-2022)

Average Length of Stay	Occupancy
• **133 days**	• **96%**

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Geriatric Psychiatric Services

- 24- bed unit

- Serves unique individuals with psychiatric and medical disorders that are of a higher acuity than community settings can serve.
- Most common diagnosis of neuropsychiatric d/o to include sundowning, wandering, and agitation/aggression some being violent causing nursing homes concern.

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Geriatric Psychiatric Services
(2021-2022)

Average Length of Stay	Occupancy
• **129 days**	• **91%**

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Sex Offender Residential Treatment (SOTEP)

- 2 units and a community transition house for a total of 49 beds
- Serves individuals who are civilly committed sexual offenders

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Sex Offender Residential Treatment (SOTEP) *(2021-2022)*

Admissions	Average Length of Stay	Occupancy
• **8**	• **1,128 days**	• **60%**

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Substance Use Disorder (SUD) Residential Services

- 30-bed unit
- Serves individuals at a residential level of care
  - Primary Substance Use
  - Dual diagnosed with Substance Use and Mental Illness

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Substance Use Disorder (SUD) Residential Services *(2021-2022)*

Admissions	Average Length of Stay	Occupancy
• 258	• 48 days	• 44%

Admissions By Region	BL	LR	NC	NE	NW	SC	SE	WC	DOCR
	9%	15%	1%	10%	2%	25%	11%	20%	8%

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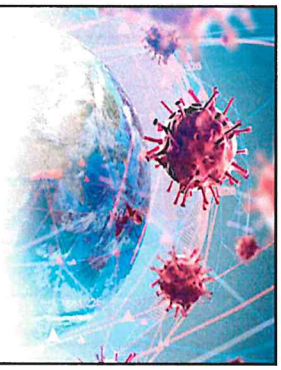
COVID-19 Response

Total Clients Served During Pandemic
- 1,332

Positive COVID-19 Clients Served
- 85

Days COVID Unit Open
- 139



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A future of continued progress

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Continued Efforts

ADMISSION WAITLIST

NEW STATE HOSPITAL

SCHULTE REPORT

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New State Hospital Phases
($10,000,000 Executive Budget Request)

Phase 1 – Internal market assessment, including prevalence and projected demand by service line along with supply analysis to determine gaps (external consultant)

Phase 2 – Private market assessment to further refine gaps with needs for service (external consultant)

Phase 3 – Work with advocates and private providers to develop options for service line array and meet current unmet demand

Phase 4 – Assuming there will be variations and options in Phase 3, work with architect to cost model approximately 3 different state hospital models; assuming all 3 will have different cost projections

Phase 5 – Present at next legislative session preferred models

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